

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

The time that for correction of each violation is specified in the narrange portion of this report,						
Establishm	ent Name	di	le Castle	Telephone Number	Date of In (mm/dd/y)	spection PERMIT #
				8/2-945-4080	٠, م	10 117-
Establishm [70]	ent Addre <i>E,</i> S	ss (nu	ing St New Albany, IN 47150	614-559-2548	11-20	355
Owner Wh	ik C	ast	le Indiana LLC	Purpose: 1. Routine	Follow-u	P Release Date
Owner's A		, od	ale St Columbus OH 43215	2. Follow-up 3. Complaint	Summary of Violations:	
Person in C	Charge /	she	0 . 1	4. Pre-Operational	c Z	NC R
Responsible				5. Temporary	Мепи Ту	pe (See back of page)
				6. HACCP		
Certified F	ood Mana	ger D	Jonna Swift 2/23/22	7. Other (list)	12	3/45
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
718	NC	R	Observed ice build-up Hard	roghat walkin		3 weeks
			freezer.			
		R	Observed damaged gasket	on walk-14		3 weeks
			Freezer Never what	0 1 2 1 1 1 1		
390	NC	R	Freezer Jeor of dumpster	lids broken.		3 weeks
392	NC	R	Probserved dompster lids	our on both		TODAY
			domesters.	9		
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				_		
•					-	
Received by (name and title printed): Inspected by (name and title printed):						
Received by (name and title printed): Thomas Snide, EHS						
Received by (signature): Inspected by (signature):						
4 (18	<u>W </u>			Thomas 2)as\	
cc:			ce:		cc:	